

GOAL 2**Disease and injury are prevented****OBJECTIVE****Decrease injury and disease among San Francisco residents****Shape Up San Francisco**

Shape Up San Francisco launched by Mayor Newsom in April 2006 focuses on creating healthy eating and active living environments. Shape Up San Francisco continued to grow and expand during FY 2006-07 by reaching out to the business community with new and inventive ways to improve the health of people who live and work in the City. In May the Shape Up SF Coalition co-hosted a Worksite Wellness Breakfast Forum with the SF Chamber of Commerce. Over 75 San Francisco-based business leaders participated in the Forum -- a remarkable turnout for the Chamber's regular policy briefings. Phil Ginsburg, Mayor Newsom's Chief of Staff, gave the keynote address, followed by a panel of business leaders who have been active in promoting wellness among their workers. Shape Up SF will continue its partnership with the Chamber to encourage businesses to create environments that promote healthy eating and physical activity.

Shape Up SF is also partnering with the 'California 5-a-Day Be Active!' worksite wellness programs as they roll out wellness programs for employers with a large base of lower-wage earners. Currently several hotels including the San Francisco Grand Hyatt on Union Square, the Whitcomb, SF Hilton Financial District, and the Holiday Inn are in the process of offering worksite wellness programs to their entire staff. Worksite wellness programs can reduce absenteeism, boost productivity and morale and ultimately improve the health of employees.

Stadium to Stadium Race

Over 1000 individuals ran, walked and strolled at the first annual Stadium to Stadium race, organized by the Mayor's Office of Community Development and Communities of Opportunity. Mayor Newsom kicked the race off at Monster Park with the help of Supervisor Maxwell and ultra marathoner Dean Karnazes. The event culminated in a fun-filled health fair at AT&T Park. A number of DPH programs were represented including the Southeast Health Center, STD Prevention & Control, and the Shape Up Initiative. Race proceeds benefited Southeast health programs.

New Lead Brochure Distributed to Landlords

The Childhood Lead Prevention Program published an illustrated 16-page *Lead Paint Hazards on Your Property: Quick Guide*, which was mailed to 55,000 San Francisco rental property owners in February 2007. The brochure helps property owners identify lead paint hazards on their property; avoid complaints and

lawsuits from tenants; get updated on lead laws; and learn about free and low-cost help available to reduce lead paint hazards. Many community and City agency stakeholders participated in the pamphlets development. Environmental Health-Children's Environmental Health Promotion website posted the pamphlet so that the public can easily link to the many resources provided. Funding for the project was awarded by the State Department of Health Services to promote lead code enforcement.

Adult Immunization Clinic Voted Best Place To Get Shots

The Adult Immunization and Travel Clinic (AITC), located on the 1st Floor at 101 Grove Street, had a very successful FY 2006-07 with revenues of over \$1.5 million (the biggest year ever) and a 21percent increase over FY 2005-06. AITC is the leading provider of travel vaccine services in San Francisco.

In August, 2006, the Adult Immunization (and Travel) Clinic was voted the "Best Place to Get Shots" by the Bay Guardian readers.

SAN FRANCISCO BAY GUARDIAN, August 2, 2006 Best Place to Get Shot(s)

Where on earth do you think you're going? And why weren't we invited? If your travel plans require a passport, the item on the tippy top of your to-do list should be a visit to the San Francisco Department of Public Health's **Adult Immunization and Travel Clinic**. While some private travel clinics seem to specialize in the jab-and-run, this attractive nonprofit clinic makes sure you have all the info you need. Whether you're nervous about the side effects of malaria drugs, wondering about altitude sickness, or figuring out which countries require yellow fever vaccination certification, the caring staffers will take the time to answer your questions. So get all your vaccines for a reasonable price, pick up a cache of antibiotics in case of the stomach nasties, and browse the clinic's library of Lonely Planet guidebooks. Don't wait until the last minute; illness makes a lousy souvenir.

101 Grove, Room 102, SF. (415) 554-2625, www.dph.sf.ca.us/aic.



OBJECTIVE

Decrease injury and disease among the Department's target populations

Hep B Free Campaign Targets Asian Pacific Islanders

In April, the San Francisco Department of Public Health, the Asian Liver Center at Stanford University and the *Asianweek* Foundation, launched a campaign to turn San Francisco into the first Hepatitis B free city in the United States. This major collaborative effort brings together city government, private healthcare and non-profit community organizations in a 2-year-long campaign to screen, vaccinate, and treat all Asian and Pacific Islanders (APIs) residents for hepatitis B (HBV). The SF Hep B Free campaign puts San Francisco at the forefront of America in fighting chronic hepatitis and will be the largest healthcare campaign to target APIs in the United States.

APIs have the highest risk of HBV of any ethnic group, with an infection rate of 100 times that of Caucasian Americans. API residents of San Francisco comprise 34percent of the city's population and bear a disproportionate burden of liver disease and liver cancer as a result of undetected chronic hepatitis B infection. This campaign—*Be Sure, Be Tested, Be Free--* provides convenient free or low-cost testing venues at healthcare settings and local events to screen, vaccinate and treat all San Francisco's API residents of Hepatitis B (HBV).

The San Francisco Hep B Free campaign includes advertisements in local ethnic publications that communicate the importance of getting tested for Hepatitis B. The advertisements will conclude with the campaign tagline, *Be Sure, Be Tested, Be Free*, that will direct audiences to the programs website, www.SFHepBFree.org, where individuals can get information on testing, treatment and other services.

Laguna Honda Hospital Passes Survey

The California Department of Health Services surveys all licensed Skilled Nursing Facilities annually to ensure, in part, that injuries and other adverse outcomes are prevented. In May 2007, LHH passed the survey on the first visit for the first time in nine years. To prepare for the survey, LHH staff ensured that adverse outcomes relating to weight loss, medication errors, dehydration, pressure ulcers, restraints, and behavioral issues were minimized or prevented.

Medication management is an important component of LHH's program to prevent iatrogenic injuries. During FY 2006-07, the hospital's medication pass error rate, which includes observations such as proper hand washing prior to administration of eye drops, was 1.2 percent. This rate was 60 percent lower than the LHH average from the past two years and 75 percent lower than the California Department of Health Services (DHS) minimum standard for compliance. The

medication pass efficiency rate (number of medications dispensed per minute) improved by 10 percent during the fiscal year. Both rates are expected to improve even further upon implementation of the new unit dose medication distribution system during the fourth quarter of FY 07-08. Corroborating the findings from the hospital's internal studies, the DHS Licensing and Certification survey in May 2007 found no medication administration errors.

LHH's efforts to prevent injuries were enhanced during FY 2006-07 by the reestablishment of the Safety Committee with an improved structure and new membership. In addition, the LHH Safety Manual was reviewed and revised to meet all regulatory and operational standards. In March 2007, LHH hired a new Safety Officer, Chris Lynch, to promote and provide a healthier and safer work environment for hospital staff.

Bedbug Hearing

The Bureau of Environmental Health held public hearings in 2006 on the Department's new rules and regulations for the control of bed bug infestations in the City. The hearing focused on owners and managers of all Single Room Occupancy (SRO) hotels and pest control companies licensed to do business in the City. Over 150 individuals were in attendance. Representatives from community based organizations, the Department of Tourism and tenant advocates also attended. Staff answered questions and presented the new regulations which included prevention requirements, training for hotel staff and reporting requirements. The new regulations recognize that effective control of bed bugs requires an integrated pest control method involving everyone who has an interest in their eradication such as hotel owners, responding procedures, managing infested furniture and materials, and tenants' responsibilities for prevention and control.

STD Prevention

In mid-December, the STD Section sponsored a community forum called FLUIDS. The forum was targeted toward gay men and other men who have sex with men (G/MSM) to create a space for men to talk about intimacy and desire in the context of body fluids and sexual health. In 2006, the STD Section published over 30 articles in journals and peer-review publications.

In late December, a number of media outlets, including the Associated Press, the Oakland Tribune, Advocate.com and 24/7gay.com, reported on the successful evaluation of the STD Section's Healthy Penis social marketing campaign published in *Public Library of Science Medicine Journal*. The articles reported the clear effect between campaign exposure and increased syphilis testing which was sustained over a three year period. The articles also reported that new syphilis infections have declined since the campaign was implemented. That report showed that social marketing can be highly effective and the importance of rigorous evaluation.

Pedestrian Safety

A new public awareness campaign to address the dangers to pedestrians, especially seniors, the disabled and children, resulting from riding bicycles on the sidewalk started early in 2007. A coalition effort led by Senior Action Network, with the Bicycle Coalition, Municipal Transportation Authority/Department of Parking and Traffic, and the Health Department's Community Education Section, the campaign is trying to remind bicycle riders that they are legally required to walk their bikes when on the sidewalk. A number of pedestrians have been very seriously injured in collisions, and many frail seniors are too frightened to walk. Riding on the sidewalk can also be very dangerous for bicyclists, because the sudden transition from sidewalk to street frequently results in riders being hit by motor vehicles. The initial plan is to put up placards in shop windows along popular routes. The signs say "Walk your bike on the sidewalk," cite the municipal code and show multiple users sharing the sidewalk.

Tobacco Free

POWER, a funded project of the Health Promotion and Prevention Unit, Tobacco Free Project, is spearheading a campaign calling on Congress to adopt picture-based health warning labels on cigarette packages in the United States. The project supports graphic health warning labels on cigarettes. The campaign is titled, "Picture Based Warning Labels: Worth More than a Thousand Words."

OBJECTIVE

Integrate prevention activities into program design throughout the Department

Active For Life Campaign

DPH had 413 staff participate in the Mayor's Shape Up at Work initiative in February. This initiative was done in collaboration with the American Cancer Society's *Active For Life Campaign*. This ten week program was designed to get employees more physically active. We competed with other City departments according to percent of cumulative goal achieved. Progress was tracked via the SF Stat online system. Individual employees set their own personal exercise goals that get folded into the larger team and, ultimately, the Department's goal. Participants met 111 percent of their goals.

Active for Life Participants (Launched 2/07)

Dept Name	# of Participants	Total Hours of Activity	% of Goal Met
DPH (SFGH)	296	12,131	111
DPH (Other)	117	4,319	111
General Services (DPW, Mayor's Office on Disability, Facilities & Mngmt.)	56	2,056	116
Public Utilities Commission	53	1,277	73
Port of San Francisco	42	1,482	113
Recreation & Parks	29	944	95
Human Services	24	840	100
DCYF	24	662	70
Controller's Office	18	418	70
Dept of Human Resources	16	420	70
First 5 San Francisco	4	85	75
SF Fire Department	2	41	50
Total	681	24,675	

Cryptosporidiosis: A Surveillance Success

The Bay Area Cryptosporidiosis Surveillance Project, a project of the Environmental Health Section's Program on Health Equity and Sustainability, was responsible for the early detection of an outbreak of cryptosporidiosis in Santa Clara County in August 2006. Epidemiologist Michelle Kirian, coordinator for the project, noticed an increased number of cases from Santa Clara County and informed the county collaborators on August 14, 2006. Four days later, on August 18, the number of cases exceeded the action level set in the San Francisco Public Utilities Commission (SFPUC) *Cryptosporidium* Detection Action Plan, and the multi-agency emergency plan was activated. The first order of business was to rule out the possibility of any association with drinking water.

Case interviews suggested an interactive water fountain at Cesar Chavez Park in San Jose as a possible source. Concurrently, several salmonellosis cases reported to the Santa Clara County Health Department also had history of exposure to the same fountain. Water samples revealed the presence of *Cryptosporidium*, and the fountain was closed on August 25, 2006.

The early detection and rapid identification of the likely source of the outbreak undoubtedly prevented a larger outbreak, and illustrates the importance and efficacy of DPH's Bay Area Cryptosporidiosis Surveillance Project, which is funded under a work order from the SFPUC.

Laguna Honda Welcomes Back Goats

In a true public health interpretation of encouraging San Franciscans to eat local, organic, sustainable food, approximately a 1,000 Boar Goats ate their way through 62 acres of poison oak and blackberry brambles on the grounds of Laguna Honda Hospital. This was the third year the goats dined al fresco on the

hills at Laguna Honda Hospital. We anticipate the goats will have an annual, standing reservation at LHH to help us manage the vegetation. The goats are a popular attraction among the neighborhood residents.



OBJECTIVE

Increase attention to social and economic factors that affect health status (e.g., wages, employment, child care, housing, social safety net, transportation, education) especially for low income, uninsured, under-insured, and homeless populations

Project Homeless Connect

The Department has been on the front lines of Project Homeless Connect (PHC) since it began in 2004. The number of volunteers helping and those seeking services continue to grow.

Project Homeless Connect: FY 2006-2007 in Review

- 6,178 people volunteered at PHC
- 8,745 clients came through the PHC door
- 710 people received SSI benefits assistance
- 1,489 were screened for employment opportunities and 39 individuals were hired through Safeway, CBS Outdoor, the Human Services Agency
- 1,162 people received medical care
- 686 received legal assistance
- 379 received methadone treatment
- 838 dental screenings were performed

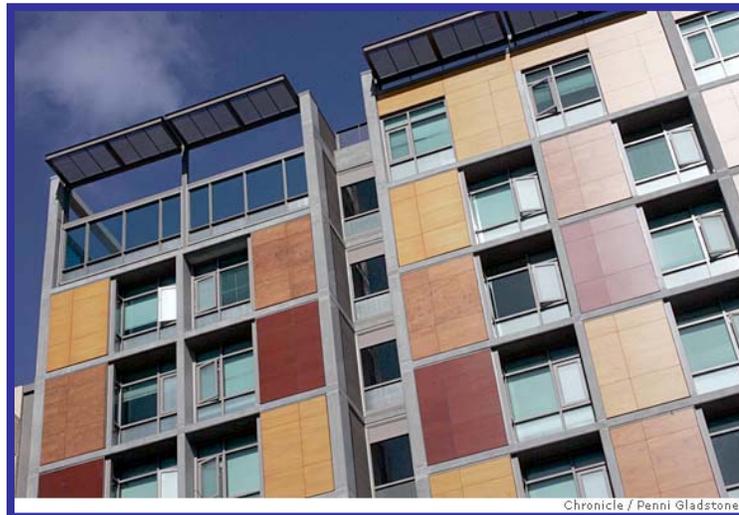
- 341 received mental health and substance abuse services
- 70,828 lbs of groceries were given away by the SF Food Bank
- 57 people were reconnected to family or friends through Homeward Bound
- 508 people are off the streets and provided shelter and housing

In addition to the list of accomplishments, PHC also was instrumental in attracting a large number of corporate sponsors that donated everything from jeans to eye glasses and food. We continue to support PHC and are grateful to the many employees who have spent countless hours helping to improve the lives of those who live on the street.

Permanent Supportive Housing – Direct Access to Housing

The Department's Housing and Urban Health section strives to end homelessness and reduce the costly overuse of emergency services in San Francisco through the expansion of its Direct Access to Housing (DAH) program. Established in 1998, DAH provides permanent, service-enriched housing to extremely low-income homeless people -- most of whom have concurrent mental health, substance use, and chronic medical issues. DAH currently houses approximately 860 formerly homeless persons across 20 sites and will be adding approximately 500 units by 2010.

Plaza Apartment – 106 units of housing for chronically homeless people



Current DAH Projects

Start Date	Building Name	Total Units	DAH Units	DAH Population
1999	Pacific Bay Inn	75	75	Homeless adults with special needs
1999	Windsor	92	92	Homeless adults with special needs
2000	Le Nain	86	86	Homeless seniors (55+) w/ special needs
2001	Broderick Residential Care Facility (RCF)	33	33	Persons exiting institutions with mental health and/or physical health needs requiring licensed facility
2003	Star	54	54	Homeless adults with special needs
2003	Camelot	55	55	Homeless adults with special needs
2004	CCR	204	60	Homeless seniors (55+)
2004	West	104	40	Homeless seniors (55+)
2004	Empress	89	89	Chronically homeless adults with special needs
2005	Folsom/Dore	98	40	Chronically homeless adults with special needs
2005	Plaza	106	106	Homeless adults with special needs
2006	Mission Creek Senior Community	139	51	Frail homeless seniors (62+)
2006	DAH for Chronic Alcoholics (6 sites)	Varies	62	Chronically homeless adults with a disabling addiction to alcohol
2007	DAH Prop. 63 Program (2 sites)	Varies	20**	Severely mentally ill adults who are homeless or at-risk of homelessness
TOTAL	--	1135+	863	--

Future DAH Projects

Start Date	Building Name	Total Units	DAH Units	DAH Population
Fall 2007	TBD	--	5	Severely mentally ill senior adults referred through the DAH Prop. 63 Program
November 2007	Providence Senior Housing Development	50	5	Frail homeless seniors (62+)
January 2008	Parkview Terrace (Parcel A)	101	20	Chronically homeless seniors
Summer 2008	18 th and Alabama	151	11	Chronically homeless seniors
Summer 2008	990 Polk	110	50	Chronically homeless seniors
April 2009	9 th and Jessie Senior Housing	107	26	Chronically homeless seniors
2009	1500 Page Street Residential Facility	45+	45+	Homeless adults leaving institutions who have mental health and/or physical health needs that require a licensed facility
2009/10	Parcel C (Golden Gate & Franklin)	100	20	Chronically homeless seniors
2009/10	Central YMCA	174	174	Chronically homeless adults
January 2010	Central Freeway Parcel G	120	120	Chronically homeless adults
TOTAL	9 New Programs	958+	476+	--

YouthPOWER

The YouthPOWER project is a youth substance and violence prevention grant in the Bayview Hunter's Point which involves young people in the development of community based solutions to decrease availability and access to substances. The goals of the program are to:

- Prevent and reduce youth substance use and violence in the Bayview Hunters Point;
- To create community environments that are conducive to positive youth development;

- Create a model for neighborhood/citywide planning that can be replicated and applied to other social, educational, economic, criminal justice and public health challenges; and
- To incorporate youth development principles and practices into youth-serving programs and organizations.

To help achieve these goals YouthPOWER worked with the Bayview Hunters Point Foundation (BVHPF) Youth Services Community Action Team (CAT), Real TALK group (Center for Human Development) at Thurgood Marshall High School. The CATs are youth-driven projects, focused on bringing about community change to help reduce the incidence of violence and substance use in the BVHP community. The CAT has been trained on various topics such as alcohol/substance abuse and its relation violence and racial disparities.

The BVHPF CAT developed a MySpace page that focused on anti-violence in the Bayview Hunter's Point community. The page was developed to gain peer and community participation by helping to educate site browsers and share solutions to reduce the incidence of violence. The site was used as an educational site, comment board and a venue where youth could respond to a survey about their experiences with violence, as well as its impact on individuals and the larger community.

OBJECTIVE

Recognize urban planning/land use policy as a public health activity

Eastern Neighborhoods Community Health Impact Assessment

In 2004, the DPH Program on Health, Equity, and Sustainability convened and facilitated ENCHIA involving over 20 diverse organizations whose interests were affected by development. Focused on development occurring in the Mission, South of Market and Potrero Hill neighborhoods and based on the framework of "Health Impact Assessment" (HIA), the ENCHIA process reflected growing scientific understanding that optimal health could not be achieved by health services and individual behaviors alone, but through healthful neighborhood conditions. The 18-month process sought to better understand the connections between health and development patterns, to measure social and environmental conditions important to health in San Francisco, and to identify ways that land use development could promote and protect health.

The Healthy Development Measurement Tool (HDMT) was the most significant product of the ENCHIA process, providing an evidence-based method for considering public health in land use planning. DPH launched www.TheHDMT.org, the website for the Healthy Development Measurement Tool. The new website is a voluntary assessment tool providing San Francisco residents, community organizations, and public agencies with a source of data on neighborhood and city conditions that are important to healthy living. The site also provides San Francisco with a set of metrics to assess how well urban projects, plans, and policies promote community health.

The Healthy Development Measurement Tool is organized around seven elements that comprise a “*Healthy City*.” These elements include environmental stewardship; sustainable and safe transportation; public safety; public infrastructure; adequate and healthy housing; health economy; and, community participation. DPH staff is currently working with staff of the Planning Department and community representatives on applying the HDMT to land use plans in South of Market, the Mission, Potrero Hill, Treasure Island, and Visitation Valley. ENCHIA and the HDMT has catalyzed a new appreciation for health in land use planning that will ultimately improve the health status of all San Francisco residents.

OBJECTIVE

Prepare to respond to any emergency or disaster situation

Public Health Week 2007

Each year the Public Health community takes to time to tell its stakeholders and the public about the work we do to keep the public safe and healthy. In keeping with the 2007 National theme of "Be Prepared for the Vulnerable Populations," different sections and divisions within the Department conducted a variety of activities highlighting Disaster Preparedness, employee’s roles in disaster response and lessons learned from previous disasters, such as the 1906 Earthquake and Fire, Loma Prieta Earthquake (1989) and Hurricanes Katrina and Rita (2005).

Lessons Learned from Hurricane Katrina

Commissioner Roma Guy, MSW, and Buffy Bunting, MPH, CHES, Coordinator of the Health Education Training Center (Community Health Education Section), along with two third year MPH graduate students from San Francisco State University, presented "*Notes from the Field: Lessons Learned from Hurricane Katrina*" at the Hawaii International Conference on Education. Commissioner Guy, Ms. Bunting and the students gave an overview of the public health field work they did and the relationships they developed during a their trip to New Orleans in January 2006. The primary need expressed by New Orleans residents in an assessment conducted by the San Francisco group was primary health care services. Subsequent to the 2006 visit, frequent consultations between San Francisco and New Orleans contingents occurred. Finally, the sponsoring agency has opened a federally qualified health center, filling a critical gap in basic community services. The presentation at the Hawaiian International Conference illustrated the power of alliances and how health education approaches can be used to address community based advocacy, primary care, prevention, and disaster preparedness.

Infectious Disease Emergency Response (IDER) Plans

The Department drafted plans for addressing an infectious disease emergency in San Francisco. Infectious disease emergencies are circumstances caused by biological agents—including organisms such as bacteria, viruses or toxins—with the potential to cause significant illness or death in the population. Situations when this plan may be utilized include naturally occurring outbreaks (e.g., measles, mumps, meningococcal disease), emerging infectious diseases (e.g., SARS, pandemic influenza), and bioterrorism.

The Communicable Disease Control & Prevention (CDCP) Section presented the plan at a roundtable session at the National 2007 Public Health Preparedness Summit in Washington, DC. Currently, the plan is available for review at www.sfdph.org/cdcp. The plan is State Emergency Management System (SEMS), National Incident Management System (NIMS) and Incident Command System (ICS) compliant.

Staff from the CDCP Section also presented several posters at the national summit regarding specific planning activities related to pandemic influenza, clinician outreach, isolation and quarantine planning, epidemiology field team "go-kits," avian flu surveillance, and mass prophylaxis exercise evaluation.

DPH Improved Department Operations Center (DOC)

The DOC moved in 2005 to a new location and in 2006 the physical and technological improvements were completed funded with Homeland Security grant funds. The Department now enjoys a state-of-the-art DOC with telecommunication and response capabilities which will improve the Departments ability to maintain situational awareness and communications when a disaster occurs. The Department continues to train and exercise the DOC on a regular basis.

National Incident Management System (NIMS) and Texas Engineering Extension Service (TEEX) Training

The National Incident Management System is a standardized approach to incident management and response. Local jurisdictions are required to be compliance with NIMS at various levels. As first responders and disaster service workers, many DPH employees are required to be trained in NIMS. DPH has complied with this federal requirement and hundreds of DPH employees have completed high level NIMS courses. In addition, key DPH emergency response staff throughout the Department participated in an internationally recognized intensive week long incident command training at Texas A&M University. DPH staff joined staff from across CCSF Departments at the TEEX training to improve the City's overall response to emergencies and disasters.

Field Care Clinics

The Department was able to procure with Homeland Security funds six field care clinics. These are mobile emergency medical shelters and can be deployed by DPH to continue providing medical health care in a disaster if the medical facilities are damaged or if additional medical care is needed. The six clinics can be deployed separately to six different locations within the CCSF or can be used together to create one large alternate medical care facilities during a disaster.

DPH has already deployed the clinics for smaller events such as the All Star Game and Homeless Connect. This provided shelter for health care operations during these events and helps familiar staff with these important assets that will be available in an emergency.

DPH Field Care Clinics



Pandemic Flu

To respond effectively and efficiently to a pandemic flu, the Department has been monitoring avian influenza and preparing for a pandemic in our region. Working closely with regional partners, hospitals and clinicians, city agencies, businesses and organizations that meet the needs of special populations we have developed fact sheets, guidance documents, and a respiratory aerosol transmissible annex to our Infectious Disease Emergency Response Plan.

As one aspect of an overall pandemic flu containment and mitigation strategy, DPH may recommend that all persons, while in public and work settings, wear a mask to cover their nose and mouth (face mask). In order to test the feasibility of this strategy, members of the DPH's Communicable Disease Control and Prevention Section (CDCP) conducted a pilot exercise in June 2007 to evaluate the variables that would affect mask use and to estimate the number of masks that staff would require. Lessons learned from this exercise will inform pandemic flu policy and recommendations.

In 2005, an Avian/Pandemic Influenza Task Force of city agencies was formed to identify weaknesses in planning and to strengthen interagency collaboration. The Task Force continues to meet regularly to coordinate response strategies and share emerging information. CDCP developed a continuity of operations planning guide and template to assist city agencies to plan for a reduction in workforce caused by high absenteeism. In addition, the Department formed a San Francisco childcare, school, and university Pandemic Flu Working Group to address planning and response needs. The Working Group is planning a table top exercise for the current fiscal year.

CDCP meets regionally with local health departments through the Association of Bay Area Health Officers (ABAHO) Pandemic Flu Working Group to ensure that the Bay

Area has a coordinated response, and with a regional cross sector collaboration group including California Department of Public Health, Bay Area Red Cross, and representatives from the medical & health care sector and the private sector.

San Francisco businesses have been particularly aware of the need to plan for pandemic influenza and have requested information and planning support. To assist the business community, CDCP conducted three forums, developed a template to assist them in continuity planning, and posted fact sheets and policy documents.

In the fall of 2007 the Health Department plans to launch a one year pandemic influenza outreach project. CDCP will create materials to assist the public in preparing for a pandemic, develop a video training for disaster service workers, support businesses in planning, and develop needed infection control materials.

SEEPS

The Sentinel Event Enhanced Passive Surveillance (SEEPS) Project continues to strengthen San Francisco clinicians' ability to recognize, diagnose, treat, and report emerging infections and diseases that may result from biological terrorism. Useful informational documents for the San Francisco medical community and general public were prepared including pre-written San Francisco-specific *Health Alerts* for clinicians and *Frequently Asked Questions (FAQs)* for the public on eight bioterrorism related diseases. Monthly in-person presentations on a variety of infectious disease emergency topics were provided to clinicians throughout the year. DPH Health Alert Notification Database (HAND), which is used to contact individuals and to send out Health Alerts via blast fax technology and email, was verified and updated. The database now contains over 7,000 names, phone numbers, fax numbers, addresses, and other contact information including information on approximately 4,000 San Francisco clinicians.

Environmental Sampling Exercise

The Environmental Health Section and the Public Health Lab collaborated on an environmental sampling drill as part of DPH's bioterrorism prevention planning. This environmental sampling technique will be used to evaluate areas of contamination in the event of a large-scale release of a bioterrorism agent. The EHS Hazardous Materials Emergency Responders tested new sampling equipment and methods, used sterile sampling techniques, and practiced crime scene evidence collection procedures while wearing full personal protective equipment. The Lab's Chief Microbiologist provided control specimens to evaluate the effectiveness of different sampling methods, and will analyze the samples using recently acquired Polymerase Chain Reaction (PCR) technology. The samples will be analyzed using a new series of analytical reagents for a number of CDC Category A and B bioterrorism agents that are also naturally occurring in the environment, which will provide useful background data to DPH in the event of a potential bioterrorism incident in San Francisco.

Environmental Sampling Exercise



Disaster Registry Program (DRP) for Senior and Disabled Persons

The DRP continues to register individuals from the senior and disabled community in San Francisco. Currently the registry has 11,000 participants, and data on their location, contact information and basic needs is securely kept at both a central server in DPH and at Emergency District Command Centers in San Francisco Neighborhoods. DPH continues to improve the registry data accuracy and utility and to work with community partners in providing assistance and training for organizations such as NERT and individuals to provide a better response to registrants following a disaster.

Laguna Honda Enhances Disaster Preparedness

LHH initiated a comprehensive emergency preparedness process in FY 2006-07 to enhance response to a citywide disaster or act of bioterrorism that included Hospital Incident Command Center training, respiratory protection training and mask fit testing for over 900 staff, disaster training and interactive emergency evacuation drills. The LHH Emergency Preparedness Subcommittee of the Safety Committee successfully conducted two emergency preparedness drills in FY 2006-07.

OBJECTIVE

Develop prevention and intervention programs that address major behavioral health issues

Pritzker Center at University of California San Francisco

In 2007, Mayor Newsom, UCSF Dean David Kessler and Tipper Gore announced the largest single donation ever given to an American university for child and adolescent mental health services. The Pritzker Center at UCSF is funded by a \$25 million gift to

create a comprehensive program dedicated to meeting the needs of Bay Area youth, regardless of socioeconomic status.

The new Pritzker Center combines and expands the nationally recognized programs and services of San Francisco General Hospital Medical Center (SFGH) with the specialty clinics, training and research of UCSF's Langley Porter Psychiatric Institute (LPPI) into one cohesive program and building. The collaboration builds upon the successful partnership between UCSF and the City and County of San Francisco. The new Center is named for donors Lisa and John Pritzker. Tipper Gore is chair of the Center's leadership council.

High End Users

Starting in October 2004, the HOME Team, a mobile team comprised of San Francisco Fire Department EMS staff and clinical staff from the Department began operating four days a week providing outreach, stabilization, and placement of EMS High Users. A High End User is an individual who has have been picked up by ambulances four or more times in any one month. An EMS Captain and a DPH clinician ride in an EMS van and direct the outreach efforts by targeting and ranking high users and analyzing their pick-up sites, using data gathered from 911 calls. Additionally, they respond to the requests of EMS field units and citywide hospital ED staff. The team also deploys in areas with a high concentration of street-homeless people, specifically targeting individuals lying on the ground in the Tenderloin, Market Street, SOMA, the area between the Main Library and City Hall, in underground encampments and on freeway on-ramps and off-ramps.

The typical High EMS User is in his 40s or 50s, is homeless, struggles with chronic alcoholism, usually combined with significant mental and physical health impairments, and faces a high mortality rate. The SFFD and DPH partnership is essential in effectively dealing with this very challenging population. While the EMS Captain is able to offer emergency medical and referral services, he is not able to offer the long-term intensive case management and placement services that these patients need for recovery and safety. DPH social workers provide wrap-around services on an on-going basis for psychiatric treatment, medical treatment, case management, benefits advocacy, food, clothing, referrals to residential medical supportive detoxification treatment, substance abuse residential treatment, and/or permanent supportive housing.

In addition to improving the quality of life for many of these high users, an analysis of total pickups for FY 2004-05 (2,632) versus FY 2005-06 (1,991) showed a 24 percent decrease (642) ambulance trips and ED visits. St. Francis had the most significant decrease (165 fewer visits), with SFGH following closely behind (138 fewer visits).

Methamphetamine Study Launched

The National Institute of Health has funded three studies by the Department's AIDS Office to determine whether medications have potential to both treat methamphetamine addiction and to reduce HIV risk behavior associated with methamphetamine use. In San Francisco, the rates of methamphetamine use are ten to twenty times higher than in the general population. Historically, pharmacological interventions have been shown to be effective in treating heroin, alcohol, and nicotine dependence. Three medications are planned for testing: bupropion (Wellbutrin), which is also used to treat depression and

nicotine dependence; mirtazapine (Remeron), another antidepressant; and aripiprazole (Abilify), a mood stabilizer. While all the drugs are FDA-approved, none is approved for the treatment of methamphetamine dependence.

SSI Advocacy Is Worth It

The results are in after two years of SSI advocacy provided by the Positive Resource Center (PRC) for adult mental health clients in San Francisco. Aside from enhancing the lives of individuals with mental illness through income assistance, PRC's SSI advocacy project also *earned a 5:1 return-on-investment* for the City and County of San Francisco. For every dollar that the Department invested in PRC's SSI advocacy services from 2003-05, *the county earned five times more* through the activation of retroactive SSI-linked Medi-Cal payments for past health services previously provided by the county to client beneficiaries. The long-term client benefits, and effectiveness, of SSI advocacy have been fairly well documented, but the ROI results further demonstrate the worthiness of devoting resources to SSI advocacy services.